

**Nevada State Health Division**

**Small Business Impact Questionnaire**

**(NAC 457, Cancer, and NAC 459, Hazardous Materials)**

The following questions pertain to how the changes in the Nevada Administrative Code presented in the enclosure will affect your business. If it is determined that the proposed regulation is likely to impose a direct and significant economic burden upon a small business; or directly restrict the formation, operation or expansion of a small business; then the agency will take any or all of the following actions:

1. Insofar as practicable, consult with owners and officers of affected small businesses,
2. Consider methods to reduce the impact of the proposed regulation, and
3. Prepare a small business impact statement and make copies of the statement available to the public at the workshop conducted and the public hearing held pursuant to NRS 233B.061.

Please answer each of the questions that apply and add any qualifying remarks that may help us to understand your position. **Attach supplemental pages if needed.** Mail or fax your completed form, **not later than February 10, 2010** to:

Sneha Ravikumar, Radiation Control Specialist  
Radiation Control Program  
Bureau of Health Care Quality and Compliance  
4150 Technology Way, Suite 300  
Carson City, NV 89706  
Fax: (775) 687-7552

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Date: \_\_\_\_\_

**NRS 233B.0382 "Small Business defined."** "Small business" means a business conducted for profit, which employs fewer than 150 full-time or part-time employees.

1. How many employees are currently employed by your business? \_\_\_\_\_

If more than 150, you will not need to answer the rest of the questions. Please FAX questionnaire to the above address. If less than 150, please continue with the remaining questions.

2. Will a specific regulation have an adverse economic effect upon your business?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain:

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3. Will the regulation(s) have any beneficial effect upon your business?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain:

4. Do you anticipate any indirect adverse effects upon your business?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain:

5. Do you anticipate any indirect beneficial effects upon you business?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: